REQUEST FOR AND RESULTS OF TESTS								NO. OF PAGES
	SE	TEST						
1. TO: (Include ZIP Code	e)			2. FROM: (Inc	clude ZIP Code)			
3. PRIME CONTRACTOR AND ADDRESS (Include ZIP Code)				4. MANUFACTURING PLANT NAME AND ADDRESS (Include ZIP Code)				
CONTRACT NUMBER				P.O. NUMBER				
5. END ITEM AND/OR PROJECT			6. SAMPLE NUMBER	7. LOT NO.	1	FOR SUBMITTAL	g	). DATE SUBMITTED
10, MATERIAL TO BE T	MATERIAL TO BE TESTED 10a. QUANTITY SUBMITTED		11. QUANTITY REPRESE			AMEND AND/OR DRAWING NO. & REV. FOR & DATE		
13. PURCHASED FROM OR SOURCE			14. SHIPMEN	HIPMENT METHOD 15. DATE SAMPLED AND SUBM			TED BY	
17. SEND REPORT OF	TEST TO							
	95	CTION D. DECLII TO OF T	TEST (Continu	o on plain whi	ita nanar if ma	oro opogo io roquirod	<u> </u>	
		ULTS REPORTED		пе рарег іг піс	aper if more space is required)  3. LAB REPORT NUMBER			
4. TEST PERFO	PRMED	RESULTS O	F TEST		SAMPLE RESU	JLT	REQUIR	EMENTS
DATE TYPED NAME AND TITLE OF PERSON COL			CONDUCTING T	EST	SIGNATURE			